



Century Veterinary Group

New Client Registration Form

Owner's Name: (Ms. Mrs. Mr. Sir.Dr.) _____
Last First

Spouse/Other (Ms. Mrs. Mr. Sir. Dr.) _____
Last First

Physical Address: _____ City _____ State _____ Zip _____

Mailing Address: _____ City _____ State _____ Zip _____

Home Phone Number: _____ Cell Phone Number _____

Email Address: _____ (we send patient reminders via email)

Preferred method of contact? Home Phone _____ Cell Phone _____

Driver's License: _____ State: _____ Exp. _____ Date of birth _____

Occupation/Employer: _____ Work Phone Number: _____ Ext. _____

Preferred Method of Payment: Cash Amex Discover MasterCard Visa Care Credit

Please Understand We Are Not Set Up For Billing, Upon Services Rendered All Balances Are To Be Paid In Full

CC# _____ Exp. _____ 3 Digit Security Code _____

Please list the numeric portion of the credit card's billing address: _____ Billing Zip: _____

Name on the Credit Card: _____

How did you hear about us? (Please indicate which person(s), business or Veterinarian so that we may thank them:

Yellow Pages Pet Store Veterinarian Friends Google Other

Name of person(s), pet store or Dr. who referred you: _____

Name	Pet 1	Pet 2	Pet 3	Pet 4
Species				
Breed				
Sex				
Color				
Birthdate				
Spayed/Neutered				
Microchip Number				
Insurance Name/Policy Number				

I hereby authorize Century Veterinary Group to render medical and/or surgical care for my pet(s). I understand that CVG is not a business that which offers payment plans. I understand that payment is due in full at the time services are rendered. I authorize CVG to use the credit card I provided above as my primary choice of payment, unless I communicate otherwise. I understand that CVG has a transfer of ownership policy and so I will provide my transfer of ownership consent in writing. I understand if I board my pet beyond 24 hours a payment in full totaling the complete days of stay per pet is required at drop off.

Signature of Owner/Guardian: _____ Date: _____